

AMENDMENT TRANSMITTAL LETTER			Docket No. 20846-176942	
Application No. 10/043,879-Conf. #6278	Filing Date January 14, 2002	Examiner B. W. Dada	Art Unit 2135	

Applicant(s): Fagan et al.

Invention: **SECURE MUTUAL AUTHENTICATION SYSTEM**

TO THE COMMISSIONER FOR PATENTS

Transmitted herewith is an amendment in the above-identified application.

The fee has been calculated and is transmitted as shown below.

CLAIMS AS AMENDED					
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate	
Total Claims	15	- 20 =	0	x 50.00	0.00
Independent Claims	3	- 3 =	0	x 200.00	0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					
Other fee (please specify):					
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:					0.00

☒ Large Entity

☐ Small Entity

☒ No additional fee is required for this amendment.

☐ Please charge Deposit Account No. _____ in the amount of \$ _____.
A duplicate copy of this sheet is enclosed.

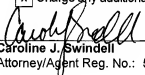
☐ A check in the amount of \$ _____ to cover the filing fee is enclosed.

☐ Payment by credit card. Form PTO-2038 is attached.

☒ The Director is hereby authorized to charge and credit Deposit Account No. 22-0261 as described below. A duplicate copy of this sheet is enclosed.

☒ Credit any overpayment.

☒ Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.


Caroline J. Swindell
Attorney/Agent Reg. No.: 56,784

Dated: March 15, 2007

VENABLE LLP
P.O. Box 34385
Washington, DC 20043-9998
(703) 760-1676

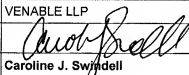
Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). <h2 style="margin: 0;">FEE TRANSMITTAL</h2> <h3 style="margin: 0;">For FY 2006</h3>		Complete if Known	
		Application Number	10/043,879-Conf. #6278
		Filing Date	January 14, 2002
		First Named Inventor	Robert H. Fagan
		Examiner Name	B. W. Dada
		Art Unit	2135
		Attorney Docket No.	20846-176942
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27			
TOTAL AMOUNT OF PAYMENT		(\$)	0.00

METHOD OF PAYMENT (check all that apply)	
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____	
<input type="checkbox"/> Deposit Account Deposit Account Number: <u>22-0261</u> Deposit Account Name: <u>Venable LLP</u>	
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
<input type="checkbox"/> Charge fee(s) indicated below	<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17	<input checked="" type="checkbox"/> Credit any overpayments

FEE CALCULATION							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Small Entity	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fee (\$)	
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____
2. EXCESS CLAIM FEES							Small Entity
Fee Description							Fee (\$)
Each claim over 20 (including Reissues)							50
Each independent claim over 3 (including Reissues)							200
Multiple dependent claims							360
							180
Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)		Multiple Dependent Claims		
15	- 20 = 0	x 50.00 =	0.00		Fee (\$)		Fee Paid (\$)
HP = highest number of total claims paid for, if greater than 20.							
Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)				
3	- 6 = 0	x 200.00 =	0.00				
HP = highest number of independent claims paid for, if greater than 3.							
3. APPLICATION SIZE FEE							
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)			
_____	- 100 = _____	/50 _____ (round up to a whole number) x _____ =					
4. OTHER FEE(S)							
Non-English Specification, \$130 fee (no small entity discount)							
Other (e.g., late filing surcharge): _____							

SUBMITTED BY			
Signature		Registration No. (Attorney/Agent)	56,784
Name (Print/Type)	Caroline J. Swindell	Telephone	(703) 760-1676
		Date	March 15, 2007

TRANSMITTAL FORM	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">Application Number</td> <td>10/043,879-Conf. #6278</td> </tr> <tr> <td>Filing Date</td> <td>January 14, 2002</td> </tr> <tr> <td>First Named Inventor</td> <td>Robert H. Fagan</td> </tr> <tr> <td>Art Unit</td> <td>2135</td> </tr> <tr> <td>Examiner Name</td> <td>B. W. Dada</td> </tr> <tr> <td>Attorney Docket Number</td> <td>20846-176942</td> </tr> </table>	Application Number	10/043,879-Conf. #6278	Filing Date	January 14, 2002	First Named Inventor	Robert H. Fagan	Art Unit	2135	Examiner Name	B. W. Dada	Attorney Docket Number	20846-176942
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Art Unit	2135												
Examiner Name	B. W. Dada												
Attorney Docket Number	20846-176942												
(to be used for all correspondence after initial filing)													
Total Number of Pages in This Submission													

ENCLOSURES (Check all that apply)				
<input checked="" type="checkbox"/> Fee Transmittal Form SB/17 <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment <input checked="" type="checkbox"/> Amendment Transmittal <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Yellow filing receipt <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<table style="width: 100%;"> <tr> <td style="width: 33%; vertical-align: top;"> <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD </td> <td style="width: 33%; vertical-align: top;"> <input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below): </td> <td style="width: 33%; vertical-align: top;"> <div style="border: 1px solid black; height: 100px; margin-top: 10px;"></div> </td> </tr> </table>	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):	<div style="border: 1px solid black; height: 100px; margin-top: 10px;"></div>
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<div style="border: 1px solid black; height: 40px; margin-top: 10px;"></div>				
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT				
Firm Name	VENABLE LLP			
Signature				
Printed name	Caroline J. Swindell			
Date	March 15, 2007			
Reg. No.	56,784			

PATENT PROSECUTION RECEIPT OF FILING

138521

Attorney/LAA: _____

Venable Filing Number _____

CJS:cja
PTO Due Date: March 15, 2007

Atty. Docket No: 20846-176942

Current Date: March 15, 2007

Title of Application: **SECURE MUTUAL AUTHENTICATION SYSTEM**

Application No: 10/043,879

Filing Date: January 14, 2002

Patent No.: _____

Issue Date: _____

The following items were received from Venable LLP, Washington, D.C.,
by the U.S. Patent & Trademark Office on the date stamped hereon:

U.S. PTO FEES ENCLOSED

- ☒ Transmittal Form SB/21
- ☒ Fee Transmittal Form SB/17
- ____ New U.S. Patent Application
- ____ (pages of specification/claims)
- ____ Rule 53(d) Continued Prosecution Application
- ____ Rule 53(b) Continuation or Divisional Application
- ____ (attach copy of specification, claims, drawings and declaration)
- ____ U.S. National Stage Application of PCT Application
- ____ Request for Continued Examination (RCE) under 37 CFR 1.114
- ____ Application Data Sheet
- ____ Substitute Specification
- ____ Priority Document-Cert. Copy of
- ____ Appln.#: ; Country: ; Date Filed:
- ____ Formal Drawings (sheets, Figs.)
- ____ Inventor Declaration
- ____ Assignment w/Cover Sheet
- ____ Response to Notice to File Missing Parts
- ____ Response to Notice to File Missing Requirements
- ____ Response to Requirement
- ____ Information Disclosure Statement with cited references
- ____ Response
- ☒ Amendment
- ☒ Amendment Transmittal
- ____ Power of Attorney
- ____ Petition to Revive
- ____ Sequence Listing – CDR Enclosed? Yes No
- ____ Request for Non-Publication
- ____ Reply Brief (in triplicate) / Request for Oral Hearing
- ____ Confirmation of Hearing Petition
- ____ Issue Fee Transmittal
- ____ Certificate of Correction
- ____ Maintenance Fee Transmittal
- ____ Status Inquiry
- ☒ Other: (Please describe below)
- ☒ Yellow filing receipt

_____	Filing Fee
_____	Surcharge Fee
_____	Additional Claim Fee
_____	Recordation/Indexing Fee
_____	IDS Fee
_____	Extension Fee
_____	Notice of Appeal Fee
_____	Brief on Appeal
_____	Oral Hearing Request Fee
_____	Petition Fee
_____	Issue Fee
_____	Publication Fee
_____	Maintenance Fee
_____	Other Fees (Describe)
0.00	Total Fees Paid

☐ Check Number ____ Attached

☐ Charge Deposit Account No. 22-0261

*If Deposit Account was used, was a copy of this form sent to Accounting?

☒ Yes ☐ No

Date: 3/15/07

Reviewed By: _____

Signature of Attorney